

RUSHWilson Sonsini Goodrich & Rosati
PROFESSIONAL CORPORATIONTo: Examiner David Shay/Group Art Unit: ~~3729~~

Fax: (703) 308-0758

☒ Use this fax
number only

Firm: U.S. Patent Office

Phone:

☐ Notify recipient
before sending

To:

Fax:

☐ Use this fax
number only

Firm:

Phone:

☐ Notify recipient
before sending

From: Shirley Chen

Phone: (650) 493-9300

Return
Fax: (650) 493-6811

Date: December 6, 2000

Original: ☐ To follow via mail☐ To follow via courier☐ To follow via email☒ Original will not follow

Fax Contains: 5 pages (including this sheet). If incomplete, call [650-493-6811].

Message: **PLEASE DELIVER FAX TO DAVID SHAY, ART UNIT 3739****FOR APPLICATION NO. 09/003,180**
090 COPY OF CPA AS FILED ON November 13, 2000.

Ref: 16904-727

Return Original to: Donna Hengst

Location: FH1-2

FAX RECEIVED

DEC 06 2000

GROUP 3700

650 Page Mill Road, Palo Alto, CA 94304-1050 • 650.493.9300 Tel • 650.493.6811 Fax • www.wsgr.com

This fax may contain confidential and privileged material for the sole use of the intended recipient. Any review or distribution by others is strictly prohibited.
If you are not the intended recipient please contact the sender and destroy all copies.

Entire Transmission Copyright © 1999 Wilson Sonsini Goodrich & Rosati. All Rights Reserved.

OFFICIAL

FAX RECEIVED

DEC 06 2000

GROUP 3700

POST OFFICE TO ADDRESSEE

EXPRESS MAIL

UNITED STATES POSTAL SERVICE

ORIGIN (POSTAL USE ONLY)

PO ZIP Code City State ZIP+4[®] Day of Delivery Rate Class

94118 2nd Day 1st Class

City State ZIP Code ZIP+4[®] Day of Delivery Rate Class

11117 2nd Day 1st Class

City State ZIP Code ZIP+4[®] Day of Delivery Rate Class

11117 2nd Day 1st Class

Weight: 1.00 lb 0.00 oz

Dimensions: 11 in x 11 in x 1 in

Postage: \$1.00

Insurance: \$0.00

Signature: [Signature]

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Extends Mail Corporation Acct. No. X840537 33

Federal Agency Acct. No. [Blank]

Postal Service Acct. No. [Blank]

FROM: WILSON, SINSINI
GOODRICH & ROSATI
650 PAGE MILL RD
PALO ALTO CA 94304-1001
(16904-727)

TO: Box CPA
ASSISTANT COMMISSIONER
FOR PATENTS
WASHINGTON DC 20231-0001

SEE REVERSE SIDE FOR SERVICE GUARANTEE AND LIMITS ON INSURANCE COVERAGE

Customer Copy

PRESS HARD. You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.gov

EMS



EL473791310US

**POST OFFICE
TO ADDRESSEE**



EL473791310US

ORIGIN (POSTAL USE ONLY)

| | | |
|-------------|--------------------------------|-----------------------|
| FO ZIP Code | Day of Delivery Next Second | Flat Rate Envelope |
| Date In | 12 noon 3 PM | Postage |
| Time In | 1st Day 2nd Day 3rd Day | Return Receipt Fee |
| Weight | Int'l Alpha Country Code | COO Fee Insurance Fee |
| No Delivery | Acceptance Clerk Initials | Total Postage & Fees |

DELIVERY (POSTAL USE ONLY)

| | | |
|---------------------------------|-------|--------------------|
| Delivery Address | Time | Employee Signature |
| Mc Dr | AM PM | Employee Signature |
| Delivery Address | Time | Employee Signature |
| Mc Dr | AM PM | Employee Signature |
| Delivery Date | Time | Employee Signature |
| Mc Dr | AM PM | Employee Signature |
| Signature of Addressee or Agent | | |
| Name - Please Print | | |

FAX RECEIVED

DEC 06 2000

GROUP 3700

CUSTOMER USE ONLY

METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

X940537 33

Record Agency Acct. No. or Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE 650 1493 9300

WILSON, SONSINI
GOODRICH & ROSATI
650 PAGE MILL RD
PALO ALTO

CA 94304-1001

(16904-727) SC

TO: (PLEASE PRINT)

PHONE

Box CPA
ASSISTANT COMMISSIONER
FOR PATENTS
WASHINGTON

DC 20231-0001

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.gov



OFFICIAL

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title: <u>Method and Apparatus for Controlled Contraction of Collagen Tissue</u> | | |
| Inventors/Applicant: <u>Knowlton</u> | | |
| Application Serial No.: <u>09/003,098</u> | Filing Date: <u>January 6, 1998</u> | |
| Type Of Application: | <input type="checkbox"/> Provisional <input type="checkbox"/> Original <input type="checkbox"/> CIP <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> CPA <input type="checkbox"/> PCT | |
| <input type="checkbox"/> Transmittal of Patent Application <input type="checkbox"/> Specification and Abstract _____ pages <input type="checkbox"/> Claims _____ pages <input type="checkbox"/> Drawings _____ pages <input type="checkbox"/> Missing Parts of Application Transmittal <input type="checkbox"/> Declaration/Oath <input type="checkbox"/> Combined Declaration/Power of Attorney <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Power of Attorney by Assignee <input type="checkbox"/> Assignment/Form PTO 1595 <input type="checkbox"/> Small Entity Declaration <input type="checkbox"/> PCT International Application Request Form _____ pages <input type="checkbox"/> Specification _____ pages <input type="checkbox"/> Claims _____ pages <input type="checkbox"/> Abstract _____ pages <input type="checkbox"/> Drawings _____ pages | <input type="checkbox"/> Fee Transmittal <input checked="" type="checkbox"/> Filing Fee \$ <u>355</u> <input checked="" type="checkbox"/> Claims in excess \$ <u>432</u> <input type="checkbox"/> Independent claims in excess \$ _____ <input type="checkbox"/> Surcharge \$ _____ | <input checked="" type="checkbox"/> Extension of time fee \$ <u>195</u> <input type="checkbox"/> Req-Corr Filing Receipt Fee \$ _____ <input type="checkbox"/> Issue fee/advance order \$ _____ <input type="checkbox"/> Other Fee \$ _____ |
| <input checked="" type="checkbox"/> Extension of time (<u>2</u> mo.) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 with _____ references <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Issue Fee <input type="checkbox"/> Formal Drawings | <input type="checkbox"/> Chapter II Request/Fee Sheet <input type="checkbox"/> Response-Invitation to Correct <input type="checkbox"/> Article 34 <input type="checkbox"/> Article 19 <input type="checkbox"/> Response to Written Opinion | |
| <input checked="" type="checkbox"/> Express Mail Certificate No. <u>EL473791310US</u> <input type="checkbox"/> First Class Mail <input checked="" type="checkbox"/> Authorization to Charge Deposit Account No. 23-2415 | <input checked="" type="checkbox"/> Other: <u>Continued Prosecution Application (CPA)</u> <u>(PTO/SB/29)</u> | |
| Attorney Docket No. <u>16904-727</u> Attorney: <u>SC/ark</u> | Date Mailed: <u>November 13, 2000</u> | |

Please stamp and return this postcard to confirm receipt of the above